



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

December 17, 2003

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Sunrise Coffee, 1265 South Cotner Boulevard requesting a class I liquor license.

Mark Seacrest, owner has stated the establishment will only have alcohol sales 5 P.M. to 10 P.M. Mr. Seacrest has also requested that he be approved as the manager if this liquor license.

Background information on Mark Seacrest is as follows:

Mark Seacrest was born in Fort Collins Colorado. He served in the United States Armed Forces 1967 to 1970 receiving an honorable discharge. He attended the University of Minnesota graduating in 1978.

Mr. Seacrest was the President of the Lincoln Journal Star 1978 to 1995.

The investigation has found that a special permit is required at this location for alcohol sales. This permit has not yet been obtained, therefore it is recommended that this request be **denied** until the special permit is secured.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) SUNSET COFFEE CO.

☒ Manager ☒ Owner Other _____

Name: MARK SEARREST

US Citizen? ☒ Yes ☐ No

Has applicant ever been cited for liquor law violations? ☒ No ☐ Yes
Explain _____

Does applicant have an interest in another liquor license? ☒ No ☐ Yes
Explain _____

Is spouse qualified to hold a license? ☒ Yes ☐ No ☐ N/A

How is applicant if not an owner to be paid? Salary Hourly N/A

How many hours will applicant be at the establishment? 25-30 +

Any other employment? ☒ No ☐ Yes, explain _____

Any previous experience with a liquor license? Yes ☒ No

Any criminal convictions? No ☒ Yes
Comments See ATTACHED - 1968

Is applicant a property owner in Lincoln? ☒ Yes ☐ No

Is applicant involved in any civil litigation? ☒ No ☐ Yes
Comments _____

☒ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 12/17/03

Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: Sunrise Coffee Co.Address: 1265 S. CORNER Blvd #10 Phone: 489-1720Type of Investigation : Purchase Upgrade Expansion New
 Owner Manager Other: _____

Type of Business: _____

Liquor Class A B C D I J K Catering Other: _____Ownership: Corporation Partnership IndividualAmount Financed: NONE Source: _____Lease Agreement: 3yr 9 2500 -Sales: %Food: 30 %Liquor: 20 coffee 50Located: Commercial Industrial ResidentialTraffic Flow: moderate Off Street Parking: Yes NoReady for Operation: Yes No/ Est Date: _____Food Service: Yes No Employees: F/T 1 P/T 6Est Seating: 50 Est Daily Customers 200Hours of Operation: 7am - 10pm Alcohol 5pm - 10pmAny Additional Comments: Special Permit Needed.LANETTE EPPS - on site CO-MANAGER

Set date. 12/18
PH: 1-5-04

STATE OF NEBRASKA

Mike Johanns
GovernorCity Clerk
County/City Bldg
555 S 10th
Lincoln NE 68508NEBRASKA LIQUOR CONTROL COMMISSION
Forrest D. Chapman
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)

December 2, 2003

A3-136007
53

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Licensing Division

Enclosures
Rhonda R. Flower
CommissionerBob Logsdon
ChairmanR.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99FILED
CITY CLERK'S OFFICE
03 DEC 3 PM 3 12
CITY OF LINCOLN
NEBRASKA

1/2/04 + 1/16/04

City Clerk

I 61781

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

<http://www.nlc.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814

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NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> DI Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

NEBRASKA LIQUOR
CONTROL COMMISSION

NOV 17 2003

<http://www.nlc.org/home/NLCC/10.html>

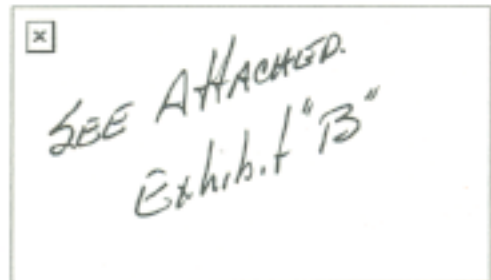
10/21/2003

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION
Type of application being applied for (check appropriate box)	
1. <input type="radio"/> Individual License requires Form 1 to be attached.	Name _____
2. <input type="radio"/> Partnership License requires Form 2 to be attached.	Firm Name _____ Address _____
3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	

SECTION A - LOCATION INFORMATION - Must be completed by all applicants			
Trade Name (name of business)		Telephone Number at premise to be licensed	
Sunrise Coffee Company L.L.C.		402 489-1720	
1) Street Address of Proposed licensed premise		2) Mailing Address for receipt of Liquor Control Commission mailings	
1265 South Cotner Blvd		Suite 10	
City	County	City	County
Lincoln	Lancaster		
Zip Code	Is this located inside the city limits?	Zip Code	
68510	<input checked="" type="radio"/> Yes <input type="radio"/> No		

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

1 story bldg approx 40' x 60'

SECTION B		OTHER INFORMATION REQUIRED *	
	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	<p>Mark L. Seacrest-MIP age 19-20. Stopped by State Patrol. Was passenger in car, going to Malcome, NE. Do not know exact date ('65 - '66) Plead guilty, was fined \$100.</p> <p><i>SEE ATTACHED "A"</i></p>
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	<p>Sunrise Coffee Co. manager - Lanette Epps has a portion of her annual bonus tied to company profits.</p>

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>Wells Fargo, 66th & O Streets branch. Mark L. Seacrest and Marjorie A. Seacrest are authorized on these accounts.</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>None</p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Mark L. Seacrest. 25 to 30 hours per week.</p>		

<p>13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.</p>	<p>Worked in bar/restaurant in Waikiki in 1970. No other formal training at time application submitted. Will comply with all state and local laws.</p>		
<p>14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)</p>			
<p>15. When do you intend to open for business?</p>	<p>Sunrise Coffee is currently a going concern. This is an addition to business. Will begin after application approved.</p>		
<p>16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.</p>			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Mark L. Seacrest	1991	2003	6701 Everett St. Lincoln, NI
Marjorie A. Seacrest	1991	2003	6701 Everett St. Lincoln, NI

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

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Sign
here [Signature]

Sign
Here _____

Sign
Here Marjorie A. Senoent

Sign
Here _____

Sign
Here _____

Sign
Here _____

Sign
Here _____

Sign
Here _____

Subscribed in my presence and sworn to before me this 30th day of October, 2003



(SEAL)

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here [Signature]

Notary Public Signature

Verify & Print form

FORM 35-4010

1

REV 1/01

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

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Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/nlcc>NEBRASKA LIQUOR
CONTROL COMMISSION

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

Sunrise Coffee Co. LLC *

Class & License number

1 *

Trade Name of Licensed Premise

Sunrise Coffee Co. *

Street Address of Licensed Premise

1265 South Cotner Blvd. *

City

Lincoln *

Zip Code

68510 *

County

Lancaster

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:



APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Seacrest, Mark, Lowe *

Sex *

F

M

C

6

Social Security Num

Date of Birth

* *

Place of Birth

Fort Collins, Colorado *

Home Street Address

6701 Everett St *

City

Lincoln *

County

Lancaster

State

NE *

Zip Code

68506 *

Home Telephone Number

402-488-6161 *

Business Telephone Number

402-489-1720 *

Drivers License Numbe

* *

Are You Married? * Yes ☒ No ☐ If Yes, You must complete the following:<http://www.nol.org/home/NLCC/35-4013.htm>

10/27/2003

SPOUSE'S INFORMATION

Full Name (Last, First, Middle, Maiden)

Seacrest, Marjorie, Ann, Petermann

Social Security Number

Drivers License Number

State

NE

Date of Birth

Place of Birth

Oxford, Nebraska

*** 1. READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No
☒ ☐

*M.I.P. Aug 18 or 19 - 394M Aug - No
 Record w/ State Patrol*

*** 2.** Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No
☐ ☒

*** 3.** Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No
☐ ☒

*** 4.** Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
 Nebraska Liquor Control Act (§53-131.01)

Yes No
☒ ☐

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No
☒ ☐

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

	Year	
	From	To
Applicant: City & State		
6701 Everett St., Lincoln, NE	91	03
Spouse: City & State		
6701 Everett St., Lincoln, NE	91	03

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

Downloaded from <http://ajph.org/> at University of California, San Diego on June 11, 2015

EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer	Year	
	From	To
Acton International	95	97
Name of Supervisor	Telephone Number	
Ron Wells (no longer with company)	402-470-2909	

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		Year	
Name of Employer		From	To
Journal Star Printing Company		78	95
Name of Supervisor		Telephone Number	
Board of Directors		402-475-4200	

NEBRASKA LIQUOR
CONTROL COMMISSION

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY
APPLICANT & SPOUSE**

STATE OF NEBRASKA)
) SS
COUNTY OF)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. 853-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Mick J. Leavitt
Signature of Applicant

Mayumi A. Kacut
Signature of Spouse

Subscribed in my presence and sworn to before
me this 30th day of October 2003

Subscribed in my presence and sworn to before
me this 30th day of October 2003


Notary Signature & Seal


Notary Signature & Seal

Verify and Print



FORM 3-3401
REV. 8/01

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporation/LLC Application for License - Form 3
Nebraska Liquor Control Commission

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NOV 17 2003

**NEBRASKA LIQUOR
CONTROL COMMISSION**

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 1% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
3) Information regarding spouses must be completed
Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

Sunrise Coffee Company L.L.C *

Total Number of Shares (if corporation)

0 *

Corporate Street Address

6701 Everett St *

Mailing address for receipt of Liquor Control Commission Mailings

6701 Everett St *

Corporate Telephone Number

402-488-6161 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68506 * -

Name of Registered Agent

Mark L. Seacrest *

Name of Proposed Manager

Mark L. Seacrest *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Mark L. Seacrest *

Title

co-owner *

Date of Birth

. *

Social Security Number

. *

Home Address (1)

6701 Everett St. *

City

Lincoln *

State

NE *

Zip Code

68506 * -

Home Telephone Number

402-488-6161 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Mark Lowe Seacrest			co-owner
Spouse Name Marjorie Ann Seacrest			co-owner
Partner Number of Shares / % 0/50		Spouse Number of Shares / % 0/50	
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title

Name Marjorie Ann Seacrest			member
Spouse Name Mark Lowe Seacrest			member
Partner Number of Shares / % 0/50	Spouse Number of Shares / % 0/50		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name 			
Spouse Name 			
Partner Number of Shares / %	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name 			
Spouse Name 			
Partner Number of Shares / %	Spouse Number of Shares / %		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name 			
Spouse Name 			
Partner Number of Shares / %	Spouse Number of Shares / %		

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒

Name of control Corporation

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: January 1 Ending date: December 31State of Nebraska

)

)

ss.

Lincoln County)**RECEIVED**

NOV 17 2003

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Mari M. Eckhout
Notary Public Signature & Seal

By Mark D. Secret
President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Margie A. Secret
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01

Copy

STATE OF

NEBRASKA

United States of America, } ss.
State of Nebraska



Department of State
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NOV 17 2003

I, Scott Moore, Secretary of State of the State of Nebraska do hereby
certify;

NEBRASKA LIQUOR
CONTROL COMMISSION

the attached is a true and correct copy of Articles of Organization of

SUNRISE COFFEE CO. L.L.C.

with its registered office located in LINCOLN, Nebraska, as filed
and recorded in this office on April 8, 1997.

I further certify that said limited liability company is in existence
as of this date.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on April 8
in the year of our Lord, one thousand
nine hundred and ninety-seven.



Scott Moore
SECRETARY OF STATE